



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing

TC 96-204
Rev: 8/2013

APPLICATION FOR DISABLED PERSONS SPECIAL PARKING PERMIT

(Complete and forward to your County Clerk.)

☐ Issuance ☐ 2nd Permit ☐ Renewal ☐ Replacement

SECTION 1 – TO BE COMPLETED BY APPLICANT BEFORE SUBMITTING TO A PHYSICIAN

Name: _____ Phone: _____
(Individual or Organization)

Address: _____
(Street or Post Office) (City) (State) (Zip Code)

Check all boxes that apply:

- ☐ Placard "or" ☐ License Plate (for Permanent only)
☐ Applicant now holds disabled parking plate "or" placard license No. _____
☐ Applicant now holds disabled veteran license No. _____

(Signature of Applicant) (FED ID/SS)

Subscribed and attested before me on this date _____. My Commission expires _____.
MM DD YY MM DD YY

(Attesting Official or Notary Signature and Title)

SECTION 2 – TO BE COMPLETED BY A LICENSED PHYSICIAN
Not Valid if Section (1) is Incomplete

I certify that the applicant is a person with disabilities which limit or impair the ability to walk 200 feet without stopping; without the use of assistance device; without portable oxygen; due to arthritic, neurological, or orthopedic condition; restricted by lung disease; or has a cardiac condition in compliance with KRS 186.042.

CHECK ONE: ☐ Permanent Disability Valid for (2) Years
☐ Temporary Disability Valid for (3) Months

(Signature of Licensed Physician) (Signature of Adv. Practice Registered Nurse for **Plate or Decal ONLY**)

(Printed Name of Physician/or Adv. Practice Registered Nurse) License # _____

COUNTY CLERK'S USE ONLY

I hereby attest that the applicant is obviously disabled in compliance with KRS 186.042 and KRS 189.456 should be issued a special parking permit.

Signature of Clerk _____ County _____

Previous Placard # _____ Expires _____

New Placard # _____ Expires _____

Replacement Reason: _____